

Michelle's Little Learners Preschool Registration

Tues/Thurs PM Class (4 yo)

2021-2022

(\$80.00 non-refundable registration fee due at time of registration)

Child's Name: _____ Sex: M / F

Age as of December 31, 2021: _____ Birthdate: _____

Address: _____

City: _____ Postal Code: _____

Parent #1 Name: _____

Home Phone Number: _____ Work: _____

Cell phone: _____

Preferred Email address: _____

Parent #2 Name: _____

Home Phone Number: _____ Work: _____

Cell phone: _____

Emergency Contact Name: _____

(must be someone other than the two people listed above)

Home Phone Number: _____

Cell Phone Number: _____

Address: _____

Medical Conditions: Please list any medical conditions (asthma, allergies...) and treatment.

Are your child's immunizations up to date? Yes or No

Child's Alberta Health Care Number: _____

Family Doctor (Name and phone #): _____



Custody Information: Who has custody of preschool child? (Please circle)

Mother, Father, Both or other:

Please include any additional information you feel is important to your child's learning (speech, behaviour etc)

Returning Family: Yes or No

Please list children who have previously attended & the year.

By signing, I confirm I commit to volunteer approximately 5 times(may be more if smaller class size) throughout the 9 months of Preschool.

Signature _____ Date _____

Payment Options (Please circle option):

Monthly
\$150

One Lump Sum Payment
\$1350

3 Monthly Payments
\$450

- Monthly: post dated cheques (dated for the 1st of each month; September to May)
- 3 Monthly payment option: (dated Sep.1st, Dec.1st and Mar.1st)
- 1 Lump Sum Payment due September 1st (Cheque, etransfer, Cash)

General Walking Field Trip Permission

I agree to allow my child, _____ to participate in walks/outdoor play activities with Miss Michelle during the 2021-2022 school year. I understand Miss Michelle will inform me of off-site activities in advance so my child is dressed for the weather.

Parent Signature: _____ Date: _____

Michelle's Little Learners Preschool
Freedom Of Information and Privacy (FOIP)

Please read the following and sign, indicating you give permission to the Preschool for the following: 1. To share parent's names, child's name, phone number and email addresses with other Preschool members for the purpose of setting up volunteers, changing volunteer dates, playdates and birthday parties. 2. To allow the Preschool to take photographs of my child for the purpose of creating an electronic slide show for each family to keep at the end of the Preschool year. Photographs may also be inserted into the class newsletter, on the Preschool website or on Michelle's Little Learners Facebook or Instagram page. 3. To allow the Preschool to display my child's art work on bulletin boards, for the purpose of sharing projects.

I am the Parent/Guardian of _____ and I give consent to the above statements.

Parent's Signature _____ Date _____